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First Named Inventor	RICHARD F. DECHANT
Art Unit	1614
Examiner Name	MICHEL GRAFFEO
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	RICHARD F. DECHANT
Signature	Richard F. Dechant
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Art Unit 1614

Answer to Office Action Summary, 5/27/06 , Examiner Michel Graffeo

35 U.S.C. 112

1. Enablement for the treatmont of intrernal malignant tumors is accomplished by the absorption of the composition through subligual and rectal tissues into the vascular and lymphatic systems and subsequently absorbed by the tumor(s). The malignancy in the tumor is killed immediately.The rational is explained by the hypothesis that all cancers are caused by retroviruses. I indicated in the answer to the previous OAS that the product resulting from the reaction between resorcinol and camphor is resorcincamphorein. Evidently this compound is an extremely lethal anti-viral agent, and has no apparent adverse side effects on normal tissues. (See my enclosed paper "Cancer by Viral Infection"). Quoting from your OAS of 5/27/06, "The applicant does not have to prove that a correlation exists between a particular activity and an asserted therapeutic use of a compound as a matter of statistical certainty". Unfortunately I have not yet connected with clinical testing group. A double blind test for cancer seems rather dubious because it would require half the test group to give up their conventional treatment for the duration of test trials. According to the Food & Drug Administration undue experimentation or any experimention should not be required to receive a patent. It is my understanding that a patent for an invention is the grant of a property right and not a guarantee of the efficacy of the invention. How many patents have been granted to large pharmaceutical companies that have turned out to be mediocre at the best and failures at the worst?

35 U.S.C. 103(a)

1. I have reported cases of cancer that were treated successfully with my composition. I did not set out to produce a composition for cancer treatment. Originally I was seeking an antiseptic to treat a "hospital staphylococcus" infection (MR Staphylococcus Aureus). By chance I discovered that the composiion described in my application was extremely effective in treating malignant tumors. The first experience of its therapeutic value occurred when a raised lesion appeared on the back of my neck. My barber would shave the hairline on my neck, and in doing so would slice a small brown mole which would bleed. After a few months (I had a haircut every two weeks) my barber noticed a raised lesion where the mole had been and advised me to see a doctor. That night I applied the composition to the lesion thinking it was an infection (although there was no pain), and forgot about it. Within two days the lesion had disappeared. My second experience occured when a pinhead sized brown mole, located on my left forehead grew to the size of pencil eraser and was irritating. For no explicable reason I applied the composition to the mole. The next morning, to my surprise, the mole was a mere shell that flaked away when touched. The third and confirming experience occurred when I sent a sample of the composition to my wife's friend in England who was suffering from Stage IV ovarian cancer and had only two to three weeks to live. She applied the composition and the cancer disappeared within two days. Her doctor described the phenomenon as a spontaneous remission.
2. I do not percieve even a hint of obviousness in selection of ingredients used in this composition since there was no original intent to produce a cancer treatment.

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35 U.S.C. 103(a)

1. The patent application by Shefffer et al appears to cover a new and improved patch design. They include dozens of pharmaceuticals, chemical agents, medicines, and cosmetic ingredients to be used in conjunction with their patches. Am I to infer that all of the agents indicated in Sheffer's application will not be allowed in any future patent? Surely these agents have been included in earlier patents and published thousands of times in journals, books, and scientific papers.

2. The phrases "precancerous tissue" and "precancerous stages" appear to be contrived *by Sheffer et al. Precancerous is defined as "tending to become cancerous". Neoplasms* would probably fit this definition, but they are not classified as cancer. Tumors must be malignant in order to be classified as cancer. My composition treats malignant tumors and not "precancerous tissue".

3. Skin patches have been used by the Medical profession for at leased 40 years to deliver drugs such as morphine, and recently nicotine to the vascular system.

4. On page 11, [0039] Sheffer characterizes camphor as either an analgesic or an antiseptic. It is neither. They correctly characterize resorcinol and phenol as antiseptics, but if used with a patch either would cause nasty burns. About five years ago the U.S. FDA issued a paper listing agents that are no longer considered medically useful. Resorcinol and camphor are on that list. My composition does not contain any free resorcinol or camphor since they react completely to form the substance named "resorcincamphorein". This is the active ingredient in my composition.

5. Both camphor and resorcinol are classified as poisons (see Merck Manual or a text on toxicology). When used as Sheffer et al prescribe they would cause *serious illness or even death, since they would be absorbed into the vascular* system.

6. ppppppMy application specifies that the composition is administered by using saturated cotton swabs either topically or insertion in the rectum or under the tongue.

7. A product detail sheet, printed by Rex Eme Cream gives information for use and lists ingredients. The cream is applied to the skin and it contains resorcinol, phenol, camphor, menthol, etc.